CANDIDATE / OFFICEHOLDER FORM C/OH RECEIVEDVER SHEET PG 1 CAMPAIGN FINANCE REPORT CLERN Total pages this report: 1 ACCOUNT# The C/OH INSTRUCTION GUIDE explains how to complete this form. (Ethics Commission filers) A 10: 33/11 00000000 2003 APR 25 CANDIDATE / TITLE OFFICE USE ONLY **OFFICEHOLDER** Mr. **Enrique** NAME **Date Received** NICKNAME LAST SUFFIX Barrera CANDIDATE / ADDRESS / PO BOX: APT / SUITE #; CITY; STATE; ZIP CODE OFFICEHOLDER **ADDRESS** P.O. Box 761555 Date Hand-delivered or Date Postmarked San Antonio TX 78245 Change of Address **CAMPAIGN** TITLE FIRST МІ TREASURER Mrs Leticia NAME Receipt # Amount NICKNAME LAST SUFFIX **Date Processed** Wedgeworth Date Imaged CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY: STATE; ZIP CODE **TREASURER ADDRESS** 5300 Forest Village (Residence or business) San Antonio TX 78250 CAMPAIGN AREA CODE PHONE NUMBER EXTENSION **TREASURER** (210) 432-2431 PHONE 8 REPORT TYPE January 15 30th day before election 15th day after campaign treasurer appointment (officeholder only) Runoff July 15 8th day before election Exceeded \$500 limit Final report (Attach C/OH - FR) Month Day **PERIOD** Year Day COVERED **THROUGH** 03/27/0003 04/23/0003 ELECTION DATE **10 ELECTION ELECTION TYPE** Month Primary Runoff Special 05/03/0003 OFFICE HELD (if any) Other -- City Council 12 OFFICE SOUGHT (if known) Other -- City Council 11 OFFICE 13 Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. DIRECT Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **CAMPAIGN EXPENDITURE** BY OTHER **INDIVIDUALS** Address/PO Box; Apt. / Suite #; City; State: Zip Code additional pages **GO TO PAGE 2**

CANDIDATE / OFFICEHOLDER SUPPORT & TOTALS	REPORTCEIVED CITY OF SAN ANTONIO CITY CLERK COVER	FORM C/OH R SHEET PG 2

14 C/OH NAME		2003 APR 25 A 10- 35	ACCOUNT #(Ethics Commission filers)		
16 NOTICE FROM POLITICAL COMMITTEE(S)	•• This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures.				
GOIMMITTEL(G)	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL	COMMITTEE ADDRESS			
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME			
		osimin vaa osimin kantaa ka k			
additional pages					
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 NO REPORTABLE ACTIVITY	Check here if r	to reportable activity occurred during this reporting period. (Sign affidavit below ar	nd submit pages 1 and 2 only.)		
18 CONTRIBUTION TOTALS	1. TOTAL I PLEDGE	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0		
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4250.00		
EXPENDITURE TOTALS	3. TOTAL F	POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0		
	4. TOTAL	POLITICAL EXPENDITURES	\$ 5783.10		
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LY OF THE REPORTING PERIOD	\$ 0		
19 AFFIDAVIT					
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.					
AFFIX NOTARY STAN	AFFIX NOTARY STAND 1904 2000 FILL				
Sworn to and subscrib	A 0	he said ENN W. BUNCO., the said ify which, witness my hand and seal of office.	nis the day		
Signature of officer add	minis ering oath	Printed name of officer administering oath Title of	officer administering oath		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANSY OF SAN ANTONIO CITY CLERK

SCHEDULE A 1 (FOR FORMS C/OH & SPAC)

<u> </u>					
	The Instruction	א Guide explains how to complete this form.	2003 APR 25 A	10: TogePoages this	
2	FILER NAME Mr. Enrique			3 ACCOUNT# 00000000	(Ethics Commission filers)
4	Date	5 Full name of contributor ut-of-state PAC(ID#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	04/12/0003	6 Contributor address; City; State; Zip Code Bank One Plaza		250.00	
		Chicago IL 60670			
9	Principal occup	ation (Optional)	10 Employer (Option	al)	
	Date	Full name of contributor ut-of-state PAC(ID#	·	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/14/0003	Contributor address; City; State; Zip Code 700 North Saint Mary's Street,Suite 1825	• • • • • • • • • • • • • • • • • • • •	250.00	
l		San Antonio TX 78205			i
	Principal occup	ation (Optional)	Employer (Option	al)	
	Date	Full name of contributor uut-of-state PAC(ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/02/0003	Contributor address; City; State; Zip Code 6538 Buena Vista		50.00	
İ		San Antonio TX 78227			l I
	Principal occup	ation (Optional)	Employer (Option	al)	I AMERICAN AND AND AND AND AND AND AND AND AND A
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
į	04/18/0003	Contributor address; City; State; Zip Code 909 Broadway		250.00	
		San Antonio TX 78215			
	Principal occup	ation (Optional)	Employer (Option	al)	
	Date	Full name of contributor out-of-state PAC(ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/12/0003	Contributor address; City; State; Zip Code 3707 North Saint Mary's Street		150.00	
		San Antonio TX 78212			1
	Principal occup	ation (Optional)	Employer (Option	al)	.
		· · · · · · · · · · · · · · · · · · ·			

	San Antonio TX 78217			
Principal occup	nation (Optional)	Employer (Option	al)	
Date	Full name of contributor out-of-state PAC(ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/22/0003	Contributor address; City; State; Zip Code 2191 Little Blanco Road Blanco TX 78606		500.00	
Principal occup	ation (Optional)	Employer (Option	al)	

POLITION	CAL CONTRIBUTIONS THAN PLEDGES OR LOAI	RECE CITY OF SAI	IVED N ANTONIO LERK	SCHEDULE A 1 (FOR FORMS C/OH & SPAC)
The Instruction	DN GUIDE explains how to complete this form.	2003 APR 25	1 Total pages this A 10: 31:5/1	·
2 FILER NAME Mr. Enrique		 	3 ACCOUNT #	(Ethics Commission filers)
4 Date	Full name of contributor out-of-state PAC(ID# Mr. Rolando Pablos		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
04/16/0003	6 Contributor address; City; State; Zip Code P.O. Box 780603		250.00	
	San Antonio TX 78278			<u> </u>
9 Principal occup	pation (Optional)	10 Employer (Option	al)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/22/0003	Contributor address; City; State; Zip Code 9110 IH 10 West		500.00	
	San Antonio TX 78230			<u> </u>
Principal occupation (Optional)		Employer (Option	al)	
Date	Full name of contributor out-of-state PAC(ID#	·	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/17/0003	Contributor address; City; State; Zip Code 222 Laclede		250.00	
	San Antonio TX 78214			
Principal occup	pation (Optional)	Employer (Option	al)	
4/3/03	Ruth + Dick Bird 7450 Mecdow Breeze San Antonio, Tl 78227		50.00	
	,			

POLITICAL EXPENDITURES

RECEIVED ANTONIA

SCHEDULE F

		CITY CI	ERK
The Instruct	ION GUIDE explains how to complete this form.	2003 APR 25	1 △ Td @: pa 3 Hreport: 6/11
2 FILER NAM Mr. Enrique		4	3 ACCOUNT # (Ethics Commission filers) 00000000
4 Date 03/27/0003	 5 Payee name CPS 6 Payee address; City; State; Zip Code 401 Villita San Antonio TX 78205 		7 Amount (\$) 122.19
8 Purpose of exinformation re Utilities	xpenditure (See instructions regarding type of equired.)	9 Complete if direct exp Candidate / Officeholder n	enditure to benefit C/OH " name Office sought Office held
Date 04/14/0003	Payee name CPS Payee address; City; State; Zip Code 401 Villita San Antonio TX 78205		Amount (\$) 31.23
Purpose of ex information re Utilities	penditure (See instructions regarding type of equired.)	Complete if direct expo Candidate / Officeholder n	enditure to benefit C/OH * * name Office sought Office held
Date 03/27/0003	Payee name Cheron Payee address; City; State; Zip Code 10711 Huebner Road San Antonio TX 78240		Amount (\$) 27.00
Purpose of ex information re Gas for Bloo		Complete if direct exp Candidate / Officeholder r	enditure to benefit C/OH ** name Office sought Office held
Date 03/29/0003	Payee name El Mirador Payee address; City; State; Zip Code 722 South Saint Mary's Street San Antonio TX 78205		Amount (\$) 29.58
Purpose of exinformation re Food for Blo	• •	Complete if direct exp Candidate / Officeholder r	venditure to benefit C/OH ** name Office sought Office held

The biarmuchox Gluce explains how to complete this form. 2 FILER NAME Mr. Enrique Barrer 4 Date S Payse name G3/29/0003 El Mirador El Mirador El Mirador El Mirador Fyes exidress, City, State; Zip Code T22 South Saint Mary's Street Sen Antonio TX 78205 8 Purpose of expenditure (See instructions regarding type of information required.) Food For Blockwalkers Payse name O3/30/0003 Great Northwest Date Payse address; City, State; Zip Code 8809 Timbervilde Drive Sen Antonio TX 78250 Purpose of expenditure (See instructions regarding type of information required.) Advertisement Date Payse name O3/28/0003 HEB O3/28/0003 HEB Payse address; City, State; Zip Code 108 North Rosillo Payse address; City, State; Zip Code 108 North Rosillo Candidate / Office/bolder name O3/28/0003 HEB Payse address; City, State; Zip Code 108 North Rosillo Candidate / Office/bolder name O3/28/0003 HEB Payse address; City, State; Zip Code 108 North Rosillo Candidate / Office/bolder name O3/28/0003 HEB Payse address; City, State; Zip Code 108 North Rosillo Candidate / Office/bolder name O3/28/0003 HEB Payse address; City, State; Zip Code 108 North Rosillo Candidate / Office/bolder name O3/29/0003 HEB Payse address; City, State; Zip Code 108 North Rosillo Office body	POLITI	CAL EXPENDITURES	RECEIV CITY OF SAN CITY CL	/ED ANTONIO ERK	SCHEDULE F
Mr. Enrique Barrera 4 Date 03/29/0003 El Mirador El Mirador El Mirador San Antonio TX 78207 Purpose of expenditure (See instructions regarding type of information required.) Purpose of expenditure (See instructions regarding type of information required.) Payee address: City: State; Zip Code 8 Purpose of expenditure (See instructions regarding type of information required.) Food For Blockwalkers Payee name 03/30/0003 Great Northwest Payee address: City: State; Zip Code 8809 Timberwilde Drive San Antonio TX 78250 Purpose of expenditure (See instructions regarding type of information required.) Advertisement Date Payee name 03/28/0003 HEB Payee address: City: State; Zip Code 108 North Roaillo San Antonio TX 78207 Purpose of expenditure (See instructions regarding type of information required.) Gas for Blockwalkers Complete if direct expenditure to benefit C/OH · · Candidate / Officeholder name Once sought Office held Complete if direct expenditure to benefit C/OH · · Candidate / Officeholder name Once sought Office held Complete if direct expenditure to benefit C/OH · · Candidate / Officeholder name Office sought Office held Complete if direct expenditure to benefit C/OH · · Candidate / Officeholder name Office sought Office held Complete if direct expenditure to benefit C/OH · · Candidate / Officeholder name Office sought Office held Complete if direct expenditure to benefit C/OH · · Candidate / Officeholder name Office sought Office held Complete if direct expenditure to benefit C/OH · · Candidate / Officeholder name Office sought Office held Complete if direct expenditure to benefit C/OH · · Candidate / Officeholder name Office sought Office held Complete if direct expenditure to benefit C/OH · · Candidate / Officeholder name Office sought Office held Complete if direct expenditure to benefit C/OH · · Candidate / Officeholder name Office sought Office held Complete if direct expenditure to benefit C/OH · · · Candidate / Officeholder name Office sought Office held Complete if direct expenditur	The Instructi	ON GUIDE explains how to complete this form.	2003 APR 25	Total pages repo	ort:
Complete if direct expenditure to benefit C/OH				1	(Ethics Commission filers)
Date O3/30/0003 Payee address; City; State; Zip Code 8809 Timberwilde Drive San Antonio TX 78250 Purpose of expenditure (See instructions regarding type of information required.) Advertisement Complete if direct expenditure to benefit C/OH ·· Candidate / Office holder name Office sought Office held Office held Complete if direct expenditure to benefit C/OH ·· Candidate / Office holder name Office sought Office held Office held Complete if direct expenditure to benefit C/OH ·· Candidate / Office holder name Office sought Office held Office held Date Date Date Purpose of expenditure (See instructions regarding type of information required.) Gas for Blockwalkers Complete if direct expenditure to benefit C/OH ·· Candidate / Officeholder name Office sought Office held	03/29/0003 8 Purpose of exinformation re	El Mirador 6 Payee address; City; State; Zip Code 722 South Saint Mary's Street San Antonio TX 78205 penditure (See instructions regarding type of quired.)	9 Complete if direct e	expenditure to benefit C	(\$) 42.00
O3/30/0003 Great Northwest 160.00 Payee address; City; State; Zip Code 8809 TImberwilde Drive San Antonio TX 78250 Purpose of expenditure (See instructions regarding type of information required.) Advertisement Date Payee name Amount. (\$) 21.00 Payee address; City; State; Zip Code 108 North Rosillo San Antonio TX 78207 Purpose of expenditure (See instructions regarding type of information required.) Gas for Blockwalkers Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office hold Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office hold Purpose of expenditure (See instructions regarding type of information required.) Date Payee name Amount (\$) 26.75 Payee address; City; State; Zip Code 5801 Bandera San Antonio TX 78250 Purpose of expenditure (See instructions regarding type of information required.) Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office hold Office hold Office hold Office hold Office hold Office hold	Food For Blo	ockwalkers			
Purpose of expenditure (See instructions regarding type of information required.) Advertisement Date Payee name Olice Sought Payee address; City; State; Zip Code 108 North Rosillo San Antonio TX 78207 Purpose of expenditure (See instructions regarding type of information required.) Date Payee name Complete if direct expenditure to benefit C/OH ** (\$) 21.00 Complete if direct expenditure to benefit C/OH ** Candidate / Office hold reame Office held Office held Office held Purpose of expenditure (See instructions regarding type of information required.) Date Payee name Office held		Great Northwest Payee address; City; State; Zip Code 8809 TImberwilde Drive			(\$)
Date Date Payee address; City; State; Zip Code 108 North Rosillo San Antonio TX 78207 Purpose of expenditure (See instructions regarding type of information required.) Gas for Blockwalkers Complete if direct expenditure to benefit C/OH Candidate / Officeholder name Office held Amount (\$) Amount (\$) 21.00 Amount (\$) Payee address; City; State; Zip Code 5801 Bandera San Antonio TX 78250 Purpose of expenditure (See instructions regarding type of information required.) Complete if direct expenditure to benefit C/OH Candidate / Officeholder name Office held Complete if direct expenditure to benefit C/OH Candidate / Officeholder name Office held Office held Office held Office held	information re	quired.)			
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03/29/0003 HEB 26.75 Payee address; City; State; Zip Code 5801 Bandera San Antonio TX 78250 Purpose of expenditure (See instructions regarding type of information required.) Complete if direct expenditure to benefit C/OH ** Candidate / Office hold	information re	kpenditure (See instructions regarding type of equired.)	Complete if direct e Candidate / Officehold	expenditure to benefit (er name Offici	C/OH ** e sought Office held
information required.) Candidate / Office holder name Office sought Office held		HEB Payee address; City; State; Zip Code 5801 Bandera			(\$)
	information re	equired.)	Complete if direct of Candidate / Officehold	expenditure to benefit (ler name Offic	

POLITICAL EXPENDITURES

RECEIVED SCHEDULE F

		CITY OF	Y CLERK
The Instruction	א Guide explains how to complete this form.	2 003 APR	25 Total page 1934
2 FILER NAME Mr. Enrique			3 ACCOUNT # (Ethics Commission filers) 00000000
4 Date 03/29/0003	5 Payee name HEB 6 Payee address; City; State; Zip Code 108 North Rosillo San Antonio TX 78207		7 Amount (\$) 17.00
Purpose of exp information red Gas for Block	juired.)	9 Complete if direct exp Candidate / Officeholder r	enditure to benefit C/OH "" name Office sought Office held
Date 04/02/0003	Payee name HEB Payee address; City; State; Zip Code 15300 South IH 35 Buda TX 78610		Amount (\$) 20.00
Purpose of exp information red Gas	penditure (See instructions regarding type of quired.)	Complete if direct exp Candidate / Officeholder r	enditure to benefit C/OH • • name Office sought Office held
Date 04/05/0003	Payee name HEB Payee address; City; State; Zip Code 108 North Rosillo San Antonio TX 78207		Amount (\$) 20.00
Purpose of ex information re- Gas for Bloc		Complete if direct exp Candidate / Officeholder	penditure to benefit C/OH "" name Office sought Office held
Date 04/21/0003	Payee name HEB Payee address; City; State; Zip Code 108 North Rosillo San Antonio TX 78207		Amount (\$) 20.50
Purpose of ex information re Gas for Bloo	· · ·	Complete if direct exp Candidate / Officeholder	penditure to benefit C/OH ** name Office sought Office held

Austin, Texas 78711-2070 (512)463-5800 1-800-325-8506 P.O.Box 12070 Texas Ethics Commission **POLITICAL EXPENDITURES** RECEIVED CITY OF SAN ANTONIO CITY CLERK SCHEDULE F 2003 APR 25 A D 3 ptal pages report: 9/11 The Instruction Guide explains how to complete this form. ACCOUNT # (Ethics Commission filers) 2 FILER NAME 00000000 Mr. Enrique Barrera Amount Date 5 Payee name 600.00 04/10/0003 Ideas Unlimited City; State; Zip Code 6 Payee address; 2516 Bandera Road San Antonio TX 78238 Complete if direct expenditure to benefit C/OH "" Purpose of expenditure (See instructions regarding type of Office held Office sought Candidate / Officeholder name information required.) Signs Amount Date Payee name 29.17 04/12/0003 Los Dos Hermanos City; State; Zip Code Payee address; 727 Cupples Road San Antonio TX 78237 Complete if direct expenditure to benefit C/OH ** Purpose of expenditure (See instructions regarding type of Candidate / Officeholder name Office sought Office held information required.) Food For Workers Amount Payee name Date 340.21 03/27/0003 PC Mailing City; State; Zip Code Payee address;

Purpose of expenditure (See instructions regarding type of information required.) Complete Candidate / Candidate		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought	• Office held
Mailing			
Date	Payee name		nount (\$)
03/27/0003	PC Mailing	1	587.19
,	Payee address; City; State; Zip Code		
	10711 Hilltop Drive		
	San Antonio TX 78217		
Purpose of expinion recommendation r	I penditure (See instructions regarding type of quired.)	Complete if direct expenditure to benefit C/OH "" Candidate / Officeholder name Office sought	Office held

10711 Hilltop Drive

San Antonio TX 78217

POLITICAL EXPENDITURES

RECEIVED CITY OF SAN ANTORICHEDULE F

The Instruction	ON GUIDE explains how to complete this form.	APRT25 agos	<u>, Q: 34</u>
2 FILER NAME	=	10/11 3 ACCOUNT	# (Ethics Commission filers)
Mr. Enrique	Barrera	00000000	
4 Date	5 Payee name		7 Amount (\$)
03/30/0003	Político		1000.00
	6 Payee address; City; State; Zip Code		
	604 East Locust		
	San Antonio TX 78212		
8 Purpose of ex information recommendation S	• /		it C/OH "" fice sought Office held
Date	Payee name	T T	Amount
	, and the second	1	(\$)
04/10/0003	Primetime Newspapers		72.25
	Payee address; City; State; Zip Code		
	17400 Judson Road		
	San Antonio TX 78247		
information re Advertiseme			ffice sought Office held
Date	Payee name		Amount (\$)
04/09/0003	San Antonio Newspaper		(\$) 368.12
	Payee address; City; State; Zip Code		
	779 West Mayfield		
	San Antonio TX 78224		
Purpose of exinformation re Advertiseme	· . · · · · · · · · · · · · · · · · · ·	kpenditure to bene r name	fit C/OH "" Vifice sought Office held
Date	Payee name		Amount
04/19/0003	Smoke Pit		(\$) 20.45
04/18/0003			20.70
	Payee address; City; State; Zip Code		
	858 FM 78		
	San Antonio TX 78237		Sh C/OU !!
Purpose of e	xpenditure (See instructions regarding type of Complete if direct e equired.) Candidate / Officeholds	xpenditure to bene er name (fit C/OH "" Office sought Office held
Food For B			

exas Ethics Comn	nission P.O.Box 12070 Austin, Texas 78	711-2070	(512)463-5800	1-800-325-8500
	CAL EXPENDITURES	RECEI CITY OF SAN CITY CI	VED I ANTONIO	HEDULE F
The Instruction	N GUIDE explains how to complete this form.	7003 APR 25	A1/10: 34	
2 FILER NAME Mr. Enrique			3 ACCOUNT # (Ethics 000000000	
4 Date 04/02/0003	 5 Payee name Southside Reporter 6 Payee address; City; State; Zip Code 2203 South Hackberry San Antonio TX 78210 		7	Amount (\$) 72.25
8 Purpose of exp information req Advertisemer	uired.)	9 Complete if direct exper Candidate / Officeholder na	nditure to benefit C/OH " me Office sought	Office held
Date 04/04/0003	Payee name Uniforms & Services Payee address; City; State; Zip Code 4022 McCullough San Antonio TX 78212			Amount (\$) 386.21
Purpose of exp information red Bags	penditure (See instructions regarding type of	Complete if direct expe Candidate / Officeholder na	nditure to benefit C/OH ame Office sought	Office held
Data	Payee name			Amount
Date 03/28/0003	Mrs. Leticia Wedgeworth			(\$) 510.00
Purpose of ex information re Campaign S	penditure (See instructions regarding type of quired.)	Complete if direct expe Candidate / Officeholder n	enditure to benefit C/OH ame Office sough	nt Office held
Date	Payee name			Amount
04/09/0003	Mrs Leticia Wedgeworth			(\$) 260.00
Purpose of exinformation re	xpenditure (See instructions regarding type of equired.)	Complete if direct exp Candidate / Officeholder i	enditure to benefit C/OH name Office soug	ht Office held